## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

	Governor on behalf of the state	
	For office use only Indexed Audited Checked Computer	
rc	om above) nber (if different from above)	

Iowa Medical and Classification Center		
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241	
Mailing Address	City, State, Zip Code	

Area Code & Telephone No.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:
Jim McKinney	
Name Same	
Malling Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT OR BEQUEST:

Diana Armbruster				
Name				
Mailing Address	City, State, Zip Code	December 12, 2016	\$300.00	
•		Date of Gift or Bequest	Amount/Value*	
Area Code & Telephone Nur	nber	*value is defined as "fair market val receiving department or office. If no	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00",	
Email Address (optional)				

Provide a description of the gift or bequest and purpose thereof:

Holiday decorations for facility lobby; tree lights and ornaments, wreath, etc

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I. Duriel Cycucy affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2-20-17